



**NETAJI SUBHAS OPEN UNIVERSITY**  
**SCHOOL OF EDUCATION**

CF-162, Sector-I, Salt Lake, Kolkata-64  
Phone Number: 03340047570/1, Email: [schooledu@wbnsou.ac.in](mailto:schooledu@wbnsou.ac.in)

**APPLICATION FOR ADMISSION TO CERTIFICATE PROGRAMME ON CAPACITY  
BUILDING AND PROFESSIONAL DEVELOPMENT ON INCLUSIVE EDUCATION**

Photocopy  
of the  
Candidate

SEAL OF THE  
RECEIVING CENTRE

SIGNATURE OF THE CANDIDATE

Programme Name .....

Programme Code: .....

Name of the Student (in block letters) .....

Present Address:(in block letters) .....

.....

.....

Mobile No: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email.....

Date of Birth: 

D	D	M	M	Y	Y	Y	Y

Gender (Tick which is applicable) 

MALE	FEMALE

Category (Tick one box) 

GEN	SC	ST	OBC-A	OBC-B

Person with Disability (Tick which is applicable)

YES	NO
-----	----

Name of Father .....

Name of Mother .....

Name of Spouse .....

Present Status:

- i) Govt.Service.
- ii) Quasi Govt.
- iii) Private Service
- iv) Self- Employed
- v) Retired
- vi) Student
- vii) Unemployed
- viii) Other

Nationality: .....

Whether already registered in NSOU:

YES	NO
-----	----

If yes, Registration No: 1.....2.....

Academic Qualifications:

SL. No	Examination Passed	Board/University	Year of Passing	% of marks obtained With aggregate

Bank Payment Details (Receipt to be enclosed)

Name of the Bank(in block letters)		
Branch & Branch Code No	<b>BRANCH ( IN BLOCK LETTERS)</b>	<b>BRANCH CODE NO</b>
Amount of Rs.	<b>3200.00/- (THREE THOUSANDS AND TWO HUNDRED ONLY.)</b>	
Details of NEFT	<b>DATE OF NEFT</b>	<b>NEFT RECEIPT NUMBER</b>

**DECLARATION BY APPLICANT**

I hereby declare and understood the conditions of eligibility for the programme for which I seek admission. I fulfil the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University.

Place: ..... Date: .....

*Full Signature of the Candidate*

**Encl** : *Self attested copies of all relevant documents.*

